



Membership Registration Form

Section 1a- Child Information

First Name		Surname		D.O.B.	
Favourite Chesterfield FC Players					

Section 1b- Parent/Guardian Information

First Name		Surname		Phone	
Email		House Number		Post Code	

Section 2a- Child Details – Please detail any medical conditions that we should be aware of

Section 3a – Data Protection

The information on this document will be stored in accordance with the Data Protection Act 1998. From time to time we may wish to send you Community Trust promotional material which we think will be of interest to you, if you wish to receive this information please put an X the box.

We may take photographs/videos of the sessions your child is involved in for publicity purposes (including but not limited to social media, our website and promotional material), the information may also be shared with the partner organisations below. If you wish for your child's photograph to be taken please put an X in the box.

include, CFC Community Trust, Chesterfield Football Club, Derbyshire County Council, PFA, League Trust, The Premier League & Derbyshire County FA

*(Partners
The Football*

In the situation that your child should require immediate medical attention, by signing this document you consent to our coaches providing it, whether that be on site treatment or calling for external support. If you wish for your child to receive medical treatment, please put an X in the box.

Section 4a – Declaration of Consent

By signing this form I confirm that the above information is true to the best of my knowledge and I fully understand and consent to the declarations made within section 3a and wish for my child to become a member of the Young Spireites.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____

Please return completed form and joining fee to:

CHESTERFIELD FC COMMUNITY TRUST,
PROACT STADIUM, 1866 SHEFFIELD ROAD, WHITTINGTON MOOR, CHESTERFIELD. S41 8NZ.